

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18364

Registrar's No. 103

Registration District No. 20 1943 9

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(c) Name of hospital or institution: Levering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Amanda Eldora Arndt

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Arndt 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February 13, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 1 20 hr. min.

9. Birthplace Hull Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Emmett Booker

13. Birthplace Eldora Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Jane Green

15. Birthplace Scott County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Arndt

(b) Address 2212 West Gordon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Tom M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 4-6-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2212 West Gordon  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr - 3 to Apr 3, 1943  
that I last saw him alive on Apr - 3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Injury Duration 2 hr

Due to Injury

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 119

(b) Date of occurrence Apr - 3 - 43

(c) Where did injury occur? Hannibal, Marion, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury auto

23. Signature R. W. Connor (M. D. or P. M.)

Address Hannibal Mo Date signed Apr 5 - 43

WRITE PLAINLY-USE UNFADING BLACK INK-MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... George T. Bond ....., Registered Apprentice No. 350 .....,  
working under my personal supervision.

Signed..... Wm M. Smith .....

..... Licensed Embalmer No. 1204 .....

P. O. Address..... Hannibal Missouri .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

# SMITH'S FUNERAL HOME

902 Broadway

Hannibal, Mo.

This is to certify that I held an inquest over the dead body of  
Mrs. Amanda Eldora Arndt, at Smith's Funeral Home, April 5, 1943 .

The verdict returned by the jury was: We the jury find that the deceased  
came to her death , by an unavoidable accident, having been struck by an  
automobile, driven by Ernest Rieman.

A handwritten signature in cursive script, reading "Wm. M. Smith". The signature is written in dark ink and is positioned above the printed name of the coroner.

Wm. M. Smith Coroner Marion County

S-18364

